Recipient Committee Campaign Statement	Type or print i	n ink
Cover Page	. Jac of print	Date Stamp
(Government Code Sections 84200-84216.5)		
[[]	State	JAN 3 1 2006 FORM
	Statement covers period	Date of election if applicable: GISTRAR OF VOTERS of 63
	from07/01/2005	
SEE INSTRUCTIONS ON REVERSE	through12/31/2005	Deputy official Use comp
1. Type of Recipient Committee: All Committees - Com		
		2. Type of Statement:
State Candidate Election Committee	marily Formed Ballot Measure mmittee	☐ Preelection Statement
() Recall	Controlled	Semi-annual Statement Quarterly Statement
	Sponsored	Termination Statement Special Odd-Year Report
	Complete Part 6)	(Also file a Form 410 Termination) Supplemental Preelection Statement - Attach Form 495
○ Sponsored □ Prin	narily Formed Candidate/	Amendment (Explain below)
Offi	ceholder Committee	·
(Also	Complete Part 7)	
. Committee Information (I.D.)	NUMBER	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1273056	Treasurer(s)
Moorlach for Supervisor STREET ADDRESS (NO P.O. BOX)		Betty Presley MAILING ADDRESS
		CITY STATE ZIP CODE AREA CODE/PHO
CITY STATE ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IE DIECEDONS)		TOWNE OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS
CITY		ADDRESS
STATE ZIP CODE	AREA CODE/PHONE	CITY
OPTIONAL: FAX / E-MAIL ADDRESS		STATE ZIP CODE AREA CODE/PHO
		OPTIONAL: FAX / E-MAIL ADDRESS
Verification		- WHILE NOONLESS
have used all reasonable diff.		
under penalty of periury under the laws of the State of S	statement and to the best of my know	wledge the information
in a period of period under the laws of the State of California that	t the foregoing is true and correct.	wledge the information contained herein and in the attached schedules is true and complete. I certify
Executed on 20 - 06	() = -	1 70 . 10
Date	Ву	Signature of Trans
Executed of 1-21-06	20	Signature of Treasurer or Assistant Freasurer
Executed gb 1-21-06 Date	2 John	Minlack
Date	Signature of Contr	Minlast
Executed on	Signature of Contr	oiling Officeholder, Candidate, State Measura Proponent or Responsible Officer of Sponsor
Executed on	BySignature of Contr	Minlack

Recipient Committee Campaign Statement Cover Page — Part 2

COVERP	AGE - PART 2
CALIFORNIA FORM	460
Page _2	of _63

Officeholder or Candidate Controlled Comn	nittee	6	Drimoville Comment D. W.			Of _63
NAME OF OFFICEHOLDER OR CANDIDATE		0.	Primarily Formed Ballo	ot Measure Co	ommittee	
John M.W. Moorlach			NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND SOFT			- 			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRI Board of Supervisors County of Orange : 2	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling offi	ceholder, candi	date, or state measur	e proponent, if any.
Related Committees Not Included in this Statement that are controlled by you contributions or make avacable to the contributions of the contri	atement: List any committees		NAME OF OFFICEHOLDER, CAN			
continuous or make experientures on behalf of your cal	or are primarily formed to receive ndidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this co	nolder Committee committee is primarily for DEFICE SOUGHT OR HELD	rmed.
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER			ANDIDATE D	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR CA	ANDIDATE O	FFICE SOUGHT OR HELD	∐ SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE O	FFICE SOUGHT OR HELD	OPPOSE
COMMITTEE ADDRESS (NO P.O. BO	DX)				- TOE GOOGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		Attach	continuation s	sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARYPAG	E
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Statement covers period	CALIFORNIA ACO
from07/01/2005	FORM 400
through12/31/2005	Page3 of63
	I.D. NUMBER
	1273056

NAME OF FILER		through	12/31/2005	Page of
Moorlach for Supervisor				I.D. NUMBER 1273056
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sun Running in Both th	nmary for Candidates ne State Primary and
 Monetary Contributions	3 \$ 73,797.00	\$218,976.07	General Elections	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	2 \$ 73,797.00	0.00 \$ 218,976.07	20. Contributions	hrough 6/30 7/1 to Date
4. Nonmonetary Contributions	1,579.98 75,376.98	2,103.48 \$ 221,079.55	21. Expenditures	\$ \$
Expenditures Made				
6. Payments Made		\$96,528.16	Expenditure Limit Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 64.936.96	96,528.16	22. Cumulativ	e Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	1,579.98		Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$63,840.93	\$ 98,631.64		\$
Current Cash Statement 12. Beginning Cash Balance	\$ 113,587.87			\$
13. Cash Receipts	<u>73,797.00</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last	*Amounts in this section m	ay be different from amounts
15. Cash Payments	64,936.96 \$ 122,447.91	report. Some amounts in Column A may be negative figures that should be	reported in Column B.	ay so amorene work amounts
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ 0.00	from Lines 2, 7, and 9 (if any)		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Toll-Free Helpline	FPPC Form 460 (January/05) 2: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Moorlach for Supervisor

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period	GOLIEBOEL A
from07/01/2005	CALIFORNIA 460
through12/31/2005	Page4 of63
	I.D. NUMBER 1273056

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER CONTRIBUTOR AMOUNT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CUMULATIVE TO DATE RECEIVED PER ELECTION OCCUPATION AND EMPLOYER RECEIVED THIS CODE * CALENDAR YEAR TODATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) OF BUSINESS) (IF REQUIRED) 09/18/2005 Adams Steel DIND 1,500.00 1,500.00 1,500.00 □СОМ X OTH □ PTY SCC 09/26/2005 Advanced Group 99-D 125.00 125.00 P 06 125.00 СОМ X OTH PTY □scc 11/29/2005 AKM Consulting Engineers, Inc. ☐IND 250.00 250.00 P 06 250.00 ПСОМ X OTH []PTY □scc 09/18/2005 Jerome L. Amante Attorney X IND 1,500.00 1,500.00 P06 1,500.00 СОМ □oтн Amante & Shaffer, LLP **□**PTY □scc 12/19/2005 American Senior Living, Inc. IND 249.00 249.00 P06 249.00 СОМ X OTH □ PTY SCC SUBTOTAL \$ 3,624.00

Şç	he	dule	A	Su	m	ma	rv
----	----	------	---	----	---	----	----

1.	Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		
_		. \$	<u>72,44</u> 7.00
2.	Amount received this period – unitemized monetary contributions of less than \$100		
_	a memberally contributions of less than \$100	\$	1,350.00
◡.	Total Montelally Continuons received this period		
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	•	73 707 00
	TOTAL	Φ	13,797.00

العال

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 460
through <u>12/31/2005</u>	Page5 of63
	I.D. NUMBER
	1272056

Moorlach for Supervisor FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT CONTRIBUTOR CUMULATIVE TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED PER ELECTION OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CODE * TODATE (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 07/17/2005 Arnel Development Company 1,500.00 1,500.00 СОМ P 06 1,500.00 MTOIX ☐ PTY SCC 11/19/2005 Jim Atkinson XIND Business Manager 200.00 □сом 200.00 200.00 ПОТН The Aero Space Corp □ PTY SCC 07/10/2005 BAC Landscaping Inc ☐IND 1,000.00 1,000.00 P 06 ПСОМ 1,000.00 X OTH □ PTY SCC 08/28/2005 William B. Barrington X IND Partner 100.00 200.00 P06 ПСОМ 200.00 **∏OTH** Barrington & Associates **□PTY** □scc 12/19/2005 BDL Insurance Services, Inc. IND 249.00 249.00 □СОМ 249.00 MTO[X] **□** PTY □scc SUBTOTAL \$

*Contributor Codes

IND - Individual

NAME OF FILER

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(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

		to whole	dollars.	from07/01/2	,	CAL F	IFORNIA ORM	460
NAME OF FILER				through12/31/2	005	Page	6	of <u>63</u>
Moorlach fo	r Supervisor '						JMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER TO	ELECTION D DATE EQUIRED)
10/23/2005	Bob Bell	IND COM OTH PTY SCC	Retired	150.00	25	50.00	P 06	250.00
09/26/2005	Judith M. Berry	⊠IND □COM □OTH □PTY □SCC	President J. Berry Consulting, Inc.	500.00	50	00.00	P 06	500.00
11/06/2005	BNE Partnership	☐IND ☐COM ☑OTH ☐PTY ☐SCC	•	500.00	50	0.00	P 06	500.00
10/21/2005	Stephen K. Bone	⊠IND □COM □OTH □PTY □SCC	President The Rosert Mayer Corp.	250.00	25	0.00	P 06	250.00
10/21/2005	Chester K. Britt	⊠IND □COM	Owner CKB Cleaning	100.00	20	0.00	P 06	200.00

SUBTOTAL \$

1,500.00

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PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

		to whole	dollars.	Statement coverage	2005	F	FORN ORM	400
NAME OF FILER				unougn_12/31/2	:005	Page.	7_	of <u>63</u>
-	or Supervisor					I.D. NL	MBER 056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR		ER ELECTION TO DATE
10/20/2005	Giles T. Brown	☑IND □COM □OTH □PTY	Retired	100.00		0.00	P 06	REQUIRED)
10/26/2005	Bruce L. Bugbee		Executive Network Ministries International	100.00	10	0.00	P 06	100.00
09/18/2005	Bushala Brothers, Inc.	☐SCC ☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,50	0.00	P 06	1,500.00
09/27/2005	C J Segerstrom & Sons	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,500	0.00	P 06	1,500.00
1/29/2005	CA Hospital Association PAC (#790773)	☐IND 図COM ☐OTH ☐PTY ☐SCC		250.00	250	0.00	P 06	250.00

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PTY - Political Party

Type or print in ink.
Amounts may be rounded

SCHEDU	JLE A	CONT

1,500.00

250.00

NAME OF FILER Moorlach fo	r Supervisor	to whole	dollars.	from07/01/2	2005	Page I.D. Ni	IFORNIA ORM B JMBER 3056	460
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	T	ELECTION O DATE EQUIRED)
11/29/2005	Care Ambulance Service, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	5(00.00	P 06	500.00
09/03/2005	David M. Carlson	⊠IND □COM □OTH □PTY □SCC	Director, Global Applications Quantum Corp.	500.00	5(00.00	P 06	500.00
12/19/2005	Joseph D. Carruth	☑IND □COM □OTH □PTY □SCC	Attorney Rutan & Tucker	150.00	15	50.00	P 06	150.00
08/28/2005	Carter & Burgess, Inc.	□IND						

Retired

SUBTOTAL \$

None

СОМ

☑OTH □PTY □SCC

XIND

□сом

□отн

□PTY □SCC

*Contributor Codes

IND - Individual

12/19/2005

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Joseph a. Cencel

PTY - Political Party

SCC – Small Contributor Committee

1,500.00

250.00 P 06

1,500.00

250.00

2,900.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				# Om 0 // 0 1 / 2	2005	FORIVI	-700
NAME OF FILER				through _12/31/2			of63
Moorlach for	r Supervisor				1	.NUMBER 273056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA' CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
11/18/2005	Centex Homes South Coast	□IND □COM 図OTH □PTY □SCC	- Josh Coy	250.00	250.		250.00
10/07/2005	CH2M Hill	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,500.0	0 P06	1,500.00
11/29/2005	CoFiroute Global Mobility LLC	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.0	0 P 06	250.00
10/18/2005	Committee to Elect Todd Seymore (#1267375)	☐IND IND IND IND IND IND IND IND	•	100.00	0.0	0 P06	0.00
12/31/2005	Committee to Elect Todd Seymore (#1267375)	☐IND ☑COM ☐OTH ☐PTY ☐SCC		-100.00	0.0	0 P06	0.00
		•	SUBTOTAL \$	2 000 00		end.	

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IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

		to whole	uonars.	from07/01/2	005	F	ORM	^A 460
NAME OF FILER				through_12/31/2	005	Page	10	of63
	r Supervisor						JMBER 3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	ł	R ELECTION TO DATE REQUIRED)
10/16/2005	John J. Connors	IND COM OTH PTY SCC	Owner Innovation Enterprises	250.00	2	50.00	P 06	250.00
12/19/2005	Bruce R. Corbett	IND COM OTH PTY SCC	Attorney Corbett & Steelman	249.00	1,2	49.00	P 06	1,249.00
12/19/2005	Costa Mesa Disposal, Inc.	□IND □COM □OTH □PTY □SCC	· · · · · · · · · · · · · · · · · · ·	1,000.00	1,0	00.00	P 06	1,000.00
12/19/2005	George J. B. Cote'	⊠IND □COM □OTH □PTY □SCC	Attorney George J. B. Cote', Attorney at Law	100.00	1(00.00	P 06	100.00

⊠IND :

□отн

□ PTY □ SCC

SUBTOTAL \$

Mayor/Council Member

City of Fountain Valley

1,699.00

100.00

Statement covers period

*Contributor Codes

IND - Individual

10/23/2005

COM - Recipient Committee (other than PTY or SCC)

Larry R. Crandall

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

100.00 P06

100.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from _____07/01/2005

NAME OF FILER				through <u>12/31/2</u>	005	Page .	11	of63
Moorlach fo	r Supervisor					I.D. NU	MBER 1056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO E CALENDAR YEA (JAN. 1 - DEC. 3	AR		ER ELECTION TO DATE F REQUIRED)
09/18/2005	William M. Crosby	⊠IND □COM □OTH	Attorney	75.00		.00	P 06	574.00
11/26/2005		□PTY .□SCC	William M. Crosby Attorney at Law					
11/26/2005	William M. Crosby	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney William M. Crosby Attorney at Law	249.00	574	.00	P 06	574.00
10/20/2005	Custom Business Solutions, Inc.	☐IND☐COM☐OTH☐PTY☐SCC		1,500.00	1,500	.00	P 06	1,500.00
12/19/2005	Bruce Dannemeyer	⊠IND □COM □OTH	Office Counsel The Dreyfuss Firm	249.00	249	.00	P 06	249.00
12/19/2005	W. Kevin Darnall	□COM	Vice President Headlands Reserve LLC	250.00	250	.00	P 06	250.00

SUBTOTAL \$

2,323.00

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page 12 of 63
	I.D. NUMBER
	1273056

12/19/2005 Doug]	- NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER) glass S. Davert con Dawson	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS) Attorney Davert & Loe	AMOUNT RECEIVED THIS PERIOD 250.00	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31		PER ELECTION TO DATE (IF REQUIRED)
09/26/2005 Sharc		□COM □OTH □PTY □SCC		250.00	250.	00 P06	250.00
	on Dawson						
11/26/2005 Doug1		⊠IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent Priority Real Estate	125.00	125.	00 P06	125.00
	las J. Deltondo	⊠IND □COM □OTH □PTY □SCC	Attorney Del Tondo & Thomas	249.00	249.	00 P 06	249.00
	Demille	СОМ	Sales Reichert's Signs, Inc.	250.00	250.	00 P 06	250.00
10/23/2005 Murra	ay W. Dempster	□сом □отн	President Vanguard University	150.00	150.4	00 P06	150.00

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NAME OF FILER

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(other than PTY or SCC)

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

monotary contributions received	to whole dollars.	Statement covers period	CALIFORNIA 400	
		from 07/01/2005	FORM 460	
NAME OF FILER		through <u>12/31/2005</u>	Page 13 of 63	
Moorlach for Supervisor			I.D. NUMBER	
			1273056	

		1		T		1273	056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	T	ELECTION O DATE (EQUIRED)
10/23/2005	Wendy Dorchester	IND COM OTH PTY SCC	Executive PSI Tech	150.00	150	.00	P 06	150.00
11/29/2005	John R. Drake	⊠IND □COM □OTH □PTY □SCC	President Bob Drake Bail Bonds, Inc.	250.00	500	.00	P 06	500.00
10/23/2005	Beth DuBoise	⊠IND □COM □OTH □PTY □SCC	Retired None	150.00	150	.00	P 06	150.00
10/23/2005	J. Devin Dwyer	⊠IND □COM □OTH □PTY □SCC	Construction John Dwyer Construction, Inc	250.00	250	.00	P 06	250.00
08/28/2005	Dynamic Marketing, Inc.	☐IND ☐COM ③OTH ☐PTY ☐SCC		100.00	100	.00	P 06	100.00
			SUBTOTAL \$	900.00				

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OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

250.00

3,600.00

•		to whole o	Iollars.	from07/01/2	•		IFORNI ORM	^A 460
NAME OF FILER	•		•	through _ 12/31/2	005	Page	14	of63
Moorlach for	Supervisor '					İ	JMBER 3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR		R ELECTION TO DATE REQUIRED)
12/19/2005	EDCO Disposal Corporation	☐IND ☐COM ဩOTH ☐PTY ☐SCC		1,500.00	1,5	00.00	P 06	1,500.00
09/27/2005	Ensign Facility Services, Inc.	□IND □COM 図OTH □PTY □SCC		1,500.00	1,5	00.00	P 06	1,500.00
12/19/2005	Family Business Office	□IND □COM □SOTH □PTY □SCC		100.00	1	00.00	P 06	100.00
10/07/2005	Faubel Public Affairs	□IND □COM ☑OTH □PTY □SCC		250.00	2!	50.00	P 06	250.00

Retired

SUBTOTAL \$

None

XIND

СОМ

Потн

□ PTY □scc

*Contributor Codes

IND - Individual

10/18/2005

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Patricia H. Fauteux

PTY - Political Party

SCC - Small Contributor Committee

500.00

P 06

500.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDU	HFA	(CONT)

,	- Commondations (Cocived	to whole dollars.	Statement covers period from07/01/2005	CALIFORNIA 460
AME OF FILER			through <u>12/31/2005</u>	Page15_ of63
oorlach for	Supervisor			I.D. NUMBER 1273056
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	JE AN INDIVIDUAL CATED	AMOUNT	22.3030

					127.	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	Т Т	ELECTION ODATE REQUIRED)
10/23/2005	Joan Lavonne Flynn	☑IND □COM □OTH □PTY □SCC	City Clerk City of Huntington Beach	150.00	150.00	P 06	150.00
12/19/2005	Lynn Freeman	⊠IND □COM □OTH	Attorney Freeman, Freeman & Smiley	249.00	249.00	P 06	249.00
09/26/2005	Clive Freidenrich	☑IND □COM □OTH □PTY □SCC	Sales 3M	125.00	125.00	P 06	125.00
10/23/2005	Clarence E. Friend	⊠IND □COM □OTH □PTY □SCC	CEO	150.00	150.00	P 06	150.00
10/23/2005	Margaret Friend	□сом □отн	Executive	150.00	150.00	P 06	150.00
			SUBTOTAL \$	824 00	The second of the second		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

wichetal y	Contributions Received	Amounts may be rounded			OUTLEBOLL A (CONT.)			
,		to whole dollars.	Statement co	ers period	CALIFORNIA A			
			from07/01/2		FO		46	U
NAME OF FILER	·	• .	through <u>12/31/2</u>	2005	Page	16 of	63	_]
Moorlach for	Supervisor '				I.D. NUME	BER		
					127305	56		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	IF AN INDIVIDUAL ENTER	AMOUNT					

						12730	056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	7	ELECTION TO DATE REQUIRED)
10/29/2005	Furnishings Direct	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	250	.00	P 06	250.00
09/26/2005	Bruce E. Garlich	⊠IND □COM □OTH	Retired	100.00	100	.00 1	P 06	100.00
11/29/2005	GeoSyntec Consultants	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250	.00.	P 06	250.00
12/19/2005	George & Shields LLP Lawyers	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	100	.00	P 06	100.00
07/01/2005	Conrad D. Giedt	□сом	C. D. Giedt Company	-1,400.00	1,500	.00 F	P 06	1,500.00
			SUBTOTAL \$	-700.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from07/01/2005	CALIFORNIA 460
through _ 12/31/2005	Page17 of63
	I.D. NUMBER
	1273056

NAME OF FILER
Moorlach for Supervisor

	Japan	<u> </u>			127	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)]	R ELECTION TO DATE REQUIRED)
08/31/2005	Conrad D. Giedt	⊠IND □COM □OTH □PTY □SCC	CPA C. D. Giedt Company	1,400.00	1,500.00	P 06	1,500.00
09/26/2005	Donald H. Gilchrist	⊠IND □COM □OTH □PTY □SCC	Retired .	1,000.00	1,000.00	P 06	1,000.00
09/27/2005	GKK Corporation	□IND □COM ⊠OTH □PTY □SCC		1,000.00	1,000.00	P 06	1,000.00
09/27/2005	Glaab & Associates, Inc.	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	P 06	250.00
12/19/2005	W. Peter Godfrey	☑IND □COM □OTH □PTY □SCC	Attorney Law Offices of W. Peter Godfrey	1,500.00	1,500.00	P 06	1,500.00
			SUBTOTAL \$	5,150.00	and the second	1	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 400

Statement covers period

				from07/01/2	1005	FORM	460
NAME OF FILER				through <u>12/31/2</u>	005 P	age <u>18</u>	of63
Moorlach for	Supervisor '				1	D. NUMBER 1273056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAI (JAN. 1 - DEC. 31	₹	ER ELECTION TO DATE F REQUIRED)
12/19/2005	Richard G. Goodman	⊠IND □COM □OTH □PTY □SCC	Attorney Stradling, Yocca, Carlson & Rauth	249.00	249	00 P 06	249.00
10/16/2005	Gary C. Gray	⊠IND □COM □OTH □PTY □SCC	President Orange Coast Auto Group	250.00	250.	00 P06	250.00
12/19/2005	Frank J. Haffner	⊠IND □COM □OTH □PTY □SCC	President Frank J. Haffner	249.00	249.	00 P06	249.00
09/26/2005	Charles B. Hardy	⊠IND □COM □OTH □PTY □SCC	Senior Vice President Lee & Associates	125.00	125.	00 P06	125.00
10/23/2005	Diane L. Harkey	☐ OTH	Real Estate Advisor City Council of Dana Point	300.00	300.	00 P06	300.00
			SUBTOTAL \$	1,173.00			

*Contributor Codes

IND - Individual

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OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

well-stary contributions received	to whole dollars.	Statement covers period from07/01/2005	CALIFORNIA 460
AME OF FILER		through <u>12/31/2005</u>	Page 19 of 63
oorlach for Supervisor			I.D. NUMBER
			1273056

					·	1273	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR		R ELECTION TO DATE REQUIRED)
09/27/2005	Elizabeth A. Hart	⊠IND □COM □OTH	Homemaker None	500.00	62	5.00	P 06	625.00
10/23/2005	Elizabeth A. Hart	□PTY □SCC	None					
10, 23, 2003	Elizabeth A. Hart	⊠IND □COM □OTH □PTY □SCC	Homemaker None	125.00	62	5.00	P 06	625.00
10/22/2005	David J. Hawley	☑IND □COM □OTH □PTY □SCC	Retired None	500.00	50	0.00	P 06	500.00
09/26/2005	Christopher M. Hayden	⊠IND □COM □OTH □PTY □SCC	President HEI Corporation	125.00	37	5.00	P 06	375.00
	Mark G. Holbrook	□COM □OTH	President & CEC	250.00	1,25	0.00	P 06	1,250.00
			SUBTOTAL \$	1,500.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from ____07/01/2005

NAME OF FILER Moorlach for	r Supervisor '		•	through <u>12/31/2</u>		age .D. NUM 12730	IBER	of <u>63</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D. CALENDAR YEA (JAN. 1 - DEC. 3	R		R ELECTION TO DATE REQUIRED)
09/18/2005	H. Lawrence Hull	⊠IND □COM □OTH □PTY □SCC	Consultant Larco Advisors, Inc.	1,000.00	1,000	· -	? 06	1,000.00
10/20/2005	David A. Ingram	☑IND □COM □OTH □PTY □SCC	Retired None	250.00	550	.00 F	9 06	550.00
11/17/2005	James F. McConnell Attorney at Law	☐IND ☐COM · 図OTH ☐ PTY ☐ SCC		1,000.00	1,000	00 P	06	1,000.00
11/15/2005	Vance L. Jochim	□COM □OTH	Chief Auditor US State Department	100.00	100.	00 P	06	100.00
11/19/2005	Jack H. Jory	□COM	Contractor John Jory Corporation	500.00	1,500.	00 P	06	1,500.00
			SUBTOTAL\$	2,850.00		1		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

monetary Contributions Received		to whole dollars.			ers period	CALIFORNIA 460			
NAME OF FILER				through <u>12/31/2</u>	005	Page	21	of <u>63</u>	
Moorlach fo	r Supervisor					I.D. NL 1273	MBER 1056		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PLOYER RECEIVED THIS CALENDAR VEAR		AR YEAR TO DATE			
09/03/2005	Barry H. Josselson	⊠IND □COM □OTH □PTY □SCC	Attorney Law Offices of Barry H. Josselson	100.00	1	00.00	P 06	100.00	
12/19/2005	J. Harvey Karp	⊠IND □COM □OTH □PTY □SCC	Retired . None	249.00	2	49.00	P 06	249.00	
10/18/2005	Kevin Kelter	☑IND □COM □OTH □PTY □SCC	President Kevin Kelter	250.00	2!	50.00	P 06	250.00	
12/29/2005	Steve Kuntz	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Vice President . Microtek Electronics	1,400.00	1,40	00.00	P 06	1,400.00	

CPA

HBLA

XIND

□сом

□ОТН □РТҮ

□scc

SUBTOTAL \$		
· · · · · ·	2,124.00	

125.00

*Contributor Codes

IND - Individual

09/26/2005

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

David B. Lang

PTY - Political Party

SCC - Small Contributor Committee

125.00

P 06

125.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT)

CALIFORNIA

Statement covers period

				from07/01/:	2005	FOR	M TOO
NAME OF FILER	·			through12/31/3			22 of 63
Moorlach for		T			1	1.D. NUMBE	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)
12/19/2005	Michael L. Lapin	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Michael L. Lapin	249.00	249		
07/10/2005	Robert Lapsley	⊠IND □COM □OTH □PTY □SCC	Vice President Arnel Development	250.00	250	.00 P0	6 250.00
10/23/2005	Betty Larson	☑IND □COM □OTH □PTY □SCC	Property Manager Betty Larson Property Management	250.00	275	.00 P0	6 275.00
07/10/2005	Del Larson	□сом □отн	Realtor So. California Realty	500.00	500	00 P 0	6 500.00
10/18/2005	Arthur M. Levine	□СОМ □ОТН	Professor of Ethics & Legal Studies Cal State University of Long Beach	150.00	150.	00 P06	5 150.00
			SUBTOTAL \$	1,399.00			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

		to whole	dollars.	from07/01/2	2005	CAL	IFORNI ORM	⁴ 460
NAME OF FILER				through_12/31/2	2005	Page	23	of63
Moorlach fo	r Supervisor						UMBER 3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR		R ELECTION TO DATE REQUIRED)
08/28/2005	Linebarger Goggan Blair & Sampson, LLP	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,50	00.00		1,500.00
10/23/2005	LMC Management Group, LLC	□IND □COM 図OTH □PTY □SCC		200.00	20	0.00	P 06	200.00
10/18/2005	Shirley C. Long	☑IND □COM □OTH □PTY □SCC	2nd District Planning Commissioner Shirley C. Long	150.00	15	0.00	P 06	150.00
11/29/2005	LSA Associates, Inc.	□IND □COM ⊠OTH □PTY □SCC		250.00	25	0.00	P 06	250.00
08/05/2005	Martha Lydick	□COM	Designer Martha Lydick	198.00	19	8.00	P 06	198.00
			SUBTOTAL \$	2 222				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT)

on.ctary	Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA - C - C	ı
		to whole dollars.	from07/01/2005	FORM 460	
IAME OF FILER		•	through 12/31/2005	Page 24 of 63	l
Moorlach for	Supervisor '			I.D. NUMBER	
				1273056	
DATE	FULL NAME, STREET ADDRESS AND ZIR CODE OF CONTRIBUTOR	IE AN INDIVIDUAL ENTER	AMOUNT		ı

					127	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	ELECTION TO DATE REQUIRED)
12/01/2005	Mario Mainero		Associate Dean Whittier Law School	1,500.00	1,500.00	P 06	1,500.00
09/27/2005	Maryann Maloney	□SCC	Consultant	250.00	250.00	P 06	
		□COM □OTH □PTY □SCC	Maryann Maloney & Associates		250.00	P 06	250.00
10/16/2005	Ivan Marks	IND COM OTH PTY SCC	Retired	100.00	1,300.00	P 06	1,300.00
10/16/2005	Maximus	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00
10/23/2005	Jill A. McCauley	□сом	Retired	150.00	150.00	P 06	150.00
		□OTH □PTY □SCC	None				
			SUBTOTAL \$	3 500 50			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from07/01/2	005	F	ORM	400
NAME OF FILER				through <u>12/31/2</u>	005	Page.	25	of <u>63</u>
	or Supervisor					I.D. NU		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		R ELECTION TO DATE REQUIRED)
11/14/2005	Leon McKinney	⊠IND □COM □OTH □PTY □SCC	Engineer McKinney Associates	100.00	1:	00.00	P 06	100.00
10/18/2005	Michael L. Meyer	⊠IND □COM □OTH □PTY □SCC	Owner Michael L. Meyer Company	1,500.00	1,50	00.00	P 06	1,500.00
12/29/2005	William R. Mitchell	☑IND □COM □OTH □PTY □SCC	Attorney Cummins & White LLP	250.00	75	50.00	P 06	750.00
10/18/2005	Rita Moorlach	⊠IND □COM □OTH □PTY □SCC	Retired None	650.00	65	50.00	P 06	650.00
07/17/2005	Kim Moses	□COM □OTH	Administrator Feldhake and Roquemore	100.00	10	00.00	P 06	100.00

SUBTOTAL \$

2,600.00

□scc

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period from 07/01/2005	CALIFORNIA 460
NAME OF FILER	•	through <u>12/31/2005</u>	Page 26 of 63
Moorlach for Supervisor			I.D. NUMBER 1273056

					127	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	R ELECTION TO DATE REQUIRED)
12/19/2005	A. Patrick Munoz	☑IND ☐COM ☐OTH ☐PTY	Attorney Rutan & Tucker	250.00	250.00	P 06	250.00
10/07/2005	MWH	□SCC □IND □COM ☑OTH □PTY □SCC		500.00	500.00	P 06	500.00
12/01/2005	Nation Financial Mortgage Corp	□IND □COM · ဩOTH □PTY □SCC		1,000.00	1,000.00	P 06	1,000.00
11/29/2005	National Traffic Safety Institute	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	P 06	250.00
10/16/2005	Richard L. Neese	IND COM OTH PTY SCC	Chiropractor Neese Chiropractic Clinic	250.00	250.00	P 06	250.00
			SUBTOTAL\$	2,250.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded
to whole dollars

	SCH	HEDI	JLE A	(CONT.)
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to whole dollars.	Statement covers period	CALIFORNIA ACO
	from07/01/2005	FORM 460
	through _12/31/2005	- Page <u>27</u> of <u>63</u>
		I.D. NUMBER
•		1273056

					. 127:	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
10/23/2005	Tan Nguyen	⊠IND □COM	Executive	200.00	200.00	P 06	200.00
		□OTH □PTY □SCC	Cali-Foodland				
09/26/2005	Alexandra Nichols	⊠IND □COM □OTH	Engineer .	125.00	125.00	P 06	125.00
		□PTY □SCC	R.A. Nichols Engineering				
10/18/2005	Edward L. Nicholson	☑IND □COM	Retired .	250.00	250.00	P 06	250.00
		□OTH □PTY □SCC	None				
09/18/2005	Gertrude Ohlig-Hall	⊠IND □COM	Retired	100.00	100.00	P 06	100.00
		□OTH □PTY □SCC	None				
12/01/2005	Dennis D. O'Neil	XIND □COM	Partner	249.00	249.00	P 06	249.00
		□OTH □PTY □SCC	Hewitt & O'Neil				
		[]000	SUBTOTAL \$	024.02		la g	

*Contributor Codes

 $\mathsf{IND}-\mathsf{Individual}$

NAME OF FILER

Moorlach for Supervisor

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

monetai y	Contributions Received	Amounts may to whole o		Statement cov	ers period	CALI		460	<u> </u>
				from07/01/2	005	F	ORM	460	
IAME OF FILER			•	through12/31/2	005	Page_	28 of	63	7
Moorlach for	Supervisor					I.D. NU 1273			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED ENTERNAME	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y	EAR		LECTION DATE	_

					1	273056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
11/29/2005	PacifiCare	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.0	0 P06	500.00
12/27/2005	Nancy Padberg	⊠IND □COM □OTH □PTY □SCC	Public Admin Guardian County of Orange	100.00	600.0	0 P06	600.00
10/23/2005	Bruce E. Peotter	IND COM OTH PTY SCC	Attorney Law Office of Bruce Peotter	250.00	250.0	0 P06	250.00
08/05/2005	Michael T. Peters	☑IND □COM □OTH □PTY □SCC	CPA Ronald Blue & Co.	250.00	750.0	0 P06	750.00
12/27/2005	Michael T. Peters	COM	CPA Ronald Blue & Co.	250.00	750.0	D P 06	750.00
			SUBTOTAL \$	1,350.00			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

y samulations received		to whole		Statement covers period from07/01/2005		CALIFORNIA 460		
NAME OF FILER			<u> </u>	through _12/31/2	005	Page.	29	of <u>63</u>
Moorlach for	Supervisor					I.D. NU	IMBER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE EAR	PER T	ELECTION
09/27/2005	Philip L. Anthony, Inc.	□IND □COM ☑OTH □PTY □SCC	OF BUSINESS)	250.00		0.00	P 06	250.00
10/07/2005	Phillips International, Inc.	□IND □COM ☑OTH □PTY □SCC		100.00	10	0.00	P 06	100.00
10/16/2005	Peter M. Placey	☑IND □COM □OTH □PTY □SCC	Publisher Olive Tree Publishing	250.00	25	0.00	P 06	250.00
10/21/2005	R. Hall Investment Properties	□IND □COM ☑OTH □PTY □SCC	•	250.00	25	0.00	P 06	250.00
10/26/2005	William F. Pollak III	COM	CPA Mark F. Wille CPA	200.00	200	0.00	P 06	200.00
			SUBTOTAL \$	1,050.00				

*Contributor Codes

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Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

monotary Contributions Medelved		to whole d		Statement covers period from07/01/2005			CALIFORNIA 460			
NAME OF FILER	·		•	through12/31/2	005	Page	30 of	63		
Moorlach for	Supervisor '					I.D. NUMI 127305				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO	DATE	PER EL	ECTION		

					12	73056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	R ELECTION TO DATE REQUIRED)
09/27/2005	R.M.C., Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC	·	250.00	250.0) P06	250.00
12/19/2005	John A. Ramirez	⊠IND □COM □OTH □PTY □SCC	Attorney Rutan & Tucker	100.00	100.00) P06	100.00
09/27/2005	Recupero & Associates, Inc.	☐IND ☐COM ─XOTH ☐PTY ☐SCC		500.00	500.00	P 06	500.00
10/23/2005	Dana W. Reed	□COM □oth	Attorney Reed & Davidson	150.00	650.00	P 06	650.00
07/10/2005	Jeffrey M Reese	□COM □OTH	Realtor CJ Segerstrom & Sons	250.00	250.00	P 06	250.00
			SUBTOTAL \$	1,250.00			

*Contributor Codes

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 40U
through _12/31/2005	Page 31 of 63
	I.D. NUMBER
	1273056

Moorlach for Supervisor FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER DATE AMOUNT CUMULATIVE TO DATE CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CALENDAR YEAR CODE * TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 12/19/2005 Richard K. Semeta, A Professional Law 249.00 Corporation 249.00 P 06 СОМ 249.00 MTO X □ PTY SCC 12/01/2005 Tod W. Ridgeway XIND Developer. 150.00 150.00 ПСОМ P 06 150.00 ПОТН Ridgeway Development □ PTY □scc 10/20/2005 T. C. Rogers X IND Retired 100.00 250.00 P 06 Псом 250.00 □отн None PTY □scc 12/28/2005 Cornelius Rostenberg X IND Executive 500.00 500.00 P 06 500.00 ПСОМ Потн ACS PTY □ SCC 09/26/2005 Reed L. Royalty XIND President 250.00 250.00 P 06 ПСОМ 250.00 ПОТН Reed Royalty Public □ PTY Affairs SCC

SUBTOTAL \$

1,249.00

*Contributor Codes

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded
to whole dellers

SCHEDULE A (CONT.)

wenter, Contributions Received	to whole dollars.	Statement covers period from07/01/2005	CALIFORNIA 460
IAME OF FILER	•	through <u>12/31/2005</u>	Page32_ of63
Moorlach for Supervisor			I.D. NUMBER
			1273056

				T	1	273056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)	_	PER ELECTION TO DATE (IF REQUIRED)
09/10/2005	Margaret C. Ryckoff	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	75.00	100.	00 P06	100.00
12/30/2005	Margaret C. Ryckoff	IND COM OTH PTY SCC	Retired	25.00	100.	00 P06	100.00
10/21/2005	Saltarelli Realty, Inc.	☐IND ☐COM · 図OTH ☐ PTY ☐SCC		150.00	150.	00 P 06	150.00
10/21/2005	Eden Saunders	⊠IND □COM □OTH □PTY □SCC	Homemaker None	250.00	250.0	00 P06	250.00
12/19/2005	Schmiesing and Blied, A Law Corporation	☐IND ☐COM 図OTH ☐PTY ☐SCC	÷	249.00	249.(0 P06	249.00
			SUBTOTAL\$	749.00	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

*Contributor Codes

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SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

	Contributions Neceived	to whole dollars.	Statement covers period from07/01/2005	CALIFORNIA 460
IAME OF FILER			through <u>12/31/2005</u>	Page33_ of63
Moorlach for	Supervisor			I.D. NUMBER
	FILL NAME CTOSET ACROSS AS A STATE OF THE ST			1273056

						1273056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	2	PER ELECTION TO DATE (IF REQUIRED)
10/29/2005	Robert T. Schoales	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Accountant	100.00	200.	00 P06	5 200.00
10/16/2005	Gina Selvaggi	☑IND □COM □OTH	Retired	25.00	100.	00 P 06	5 100.00
10/07/2005	David J. Schramm	□COM □OTH □PTY	President Arrowhead Products	250.00	250.	00 P06	250.00
10/23/2005	Gina Selvaggi	□COM □OTH	Retired None	25.00	100.	00 P06	100.00
07/10/2005	Louis Senik	⊠IND □COM	Owner Senik Paint Co	500.00	500.1	00 P06	500.00
			SUBTOTAL \$	900.00	Control of the Contro		

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Type or print in ink.

onotary Contributions Received	to whole dollars.	Statement covers period from07/01/2005	CALIFORNIA 460
NAME OF FILER	•	through _12/31/2005	Page 34 of 63
Moorlach for Supervisor			I.D. NUMBER
The supervisor			1273056

					12	73056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
12/21/2005	Ronald Shenkman	☑IND □COM □OTH □PTY □SCC	Chairman Rainbow Disposal	250.00	250.0	0 P06	250.00
11/29/2005	Smith Public Affairs, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	250.0	D P 06	250.00
11/29/2005	William G. Steiner	IND COM OTH PTY SCC	Partner Hebrock Steiner McLaughlin, Inc.	250.00	250.0	D P06	250.00
12/19/2005	Stockstill Communications	□IND □COM ⊠OTH □PTY □SCC		249.00	249.0	D P06	249.00
07/10/2005	Janet Sutherland	□COM	Christian Ministry Prayer Breakfast Network	100.00	100.00	P 06	100.00
			SUBTOTAL \$	1,099.00			star services

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCH	EDL	JLE A	(CONT.)

Statement covers period	CALIFORNIA ACO				
from <u>07/01/2005</u>	FORM 400				
through <u>12/31/2005</u>	Page35_ of63				
	I.D. NUMBER				
	1273056				

NAME OF FILER
Moorlach for Supervisor

		I .		Ţ		3036	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/19/2005	Taormina Industries, LLC	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00
11/26/2005	John B. Taylor	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Law Offices of John B. Taylor	100.00	100.00	P 06	100.00
10/22/2005	Tel Phil Enterprises, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	250.00	P 06	250.00
12/19/2005	The Irvine Company	□IND □COM 図OTH □PTY □SCC		1,500.00	1,500.00	P 06	1,500.00
12/19/2005	The Law Offices of Howard J. Klein	□IND □COM 図OTH □PTY □SCC		249.00	249.00	P 06	249.00
SUBTOTAL \$ 3,599.00							

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Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through <u>12/31/2005</u>	Page 36 of 63
	I.D. NUMBER
	1273056

neeriden for Supervisor					1273056		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/19/2005	The Law Offices of Mead and Mead	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00	P 06	500.00
10/23/2005	The Law Offices of T E Malpass	□IND □COM 図OTH □PTY □SCC		150.00	150.00	P 06	150.00
12/19/2005	Thomas R. Saltarelli	☑IND □COM □OTH □PTY □SCC	Attorney Saltarelli Law Corp.	249.00	249.00	P 06	249.00
11/29/2005	Keith Thompson	⊠IND □COM □OTH □PTY □SCC	Executive Gensler Co	250.00	250.00	P 06	250.00
07/01/2005	Christopher Townsend	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	President Townsend Public Affairs Inc	-1,500.00	0.00	P 06	0.00
SUBTOTAL\$ -351.00						<u> </u>	

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NAME OF FILER

Moorlach for Supervisor

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(other than PTY or SCC)

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA FORM

Statement covers period

				from07/01/2	005	FORM	400
NAME OF FILER				through <u>12/31/2</u>	005 P	age 31	⁷ of 63
	r Supervisor		1	D. NUMBER 1273056			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAF (JAN. 1 - DEC. 31	₹	PER ELECTION TO DATE IF REQUIRED)
07/01/2005	James W Townsend	☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	-1,500.00	0.	00 P06	0.00
09/27/2005	Susan M. Trager	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Lawyer Law Offices of Susan M. Trager	1,500.00	1,500.	00 P06	1,500.00
10/16/2005	Kenneth A. Tudhope	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Sr. Director or Finance Fivor Corp.	150.00	150.	00 P06	150.00
10/24/2005	U. S. Sales & Marketing Associates	□IND □COM ☑OTH □PTY □SCC		100.00	.00 200.00 P06		200.00
10/20/2005	U.S. Demolition, Inc.	□IND □COM ③OTH □PTY		1,500.00	1,500.	00 P06	1,500.00

SUBTOTAL \$

1,750.00

SCC

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SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

monetary contributions Received		Amounts may be rounded		SOFIEDBEL A (CONT.)			
,	,017Cu	to whole dollars.	Statement covers period	CALIFORNIA 460			
			from07/01/2005	FORM 40U			
NAME OF FILER	•		through 12/31/2005	Page38 of63			
Moorlach for Supervisor				I.D. NUMBER			
				1273056			

					127	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE REQUIRED)
10/22/2005	Chad Vallier	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Executive The Huntington Co.	150.00	150.00	P 06	150.00
09/27/2005	VESystems Corporation	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00
07/22/2005	W. Bailey Smith Attorney at Law	☐IND ☐COM · 図OTH ☐ PTY ☐SCC		1,000.00	1,000.00	P 06	1,000.00
12/19/2005	Christy M. Ware	IND COM OTH PTY SCC	Executive Ware Disposal	249.00	249.00	P 06	249.00
12/29/2005	Waste Management, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC	:	249.00	249.00	P 06	249.00
			SUBTOTAL \$	3,148.00		<u></u>	

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from <u>07/01/2</u>	005	FORM	700
NAME OF FILER				through <u>12/31/2</u>	005 P	age3	9 of <u>63</u>
	r Supervisor			1	D. NUMBER 1273056		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 3	R	PER ELECTION TO DATE (IF REQUIRED)
12/19/2005	Russell Werdin	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Realtor Russcll Werdin	249.00	249	.00 P 06	249.00
09/27/2005	Western Manufactured Housing Communities Assn. PAC (#742422)	☐IND INCOM ☐OTH ☐PTY ☐SCC		1,500.00	1,500	.00 P 06	1,500.00
12/19/2005	Western Medical Center - Santa Ana	□IND □COM ②OTH □PTY □SCC		500.00	500	.00 P 06	500.00
08/30/2005	Kay M. Weymouth	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Director, Local Elected Officials Republican Party of Orange County	250.00	250,	00 P06	250.00
10/25/2005	Gaylord C. Whipple	XIND □COM	CEO	50.00	150.	00 P 06	150.00

U.S. Rigging Supply Corp.

SUBTOTAL \$

2,549.00

□отн

□PTY □SCC

"Con	tribu	tor (Cod	es
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OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

monetary Contributions Received	to whole dollars.	Statement covers period from 07/01/2005	CALIFORNIA 460		
NAME OF FILER	•	through <u>12/31/2005</u>	Page40_ of63		
Moorlach for Supervisor			I.D. NUMBER 1273056		
1			<u> </u>		

						1273	3056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR		R ELECTION TO DATE REQUIRED)
10/23/2005	Jack Wu	☑IND □COM □OTH □PTY □SCC	Controller Concept Studio, Inc.	100.00	10	0.00	P 06	100.00
12/19/2005	Calvin C. S. Yap	⊠IND □COM □OTH □PTY □SCC	Attorney Oswald & Yap	1,494.00	1,49	4.00	P 06	1,494.00
11/29/2005	Yellow Cab of Greater Orange County	☐IND ☐COM · ②OTH ☐ PTY ☐ SCC		250.00	25	0.00	P 06	250.00
10/25/2005	Roger C. Yoh	⊠IND □COM □OTH □PTY □SCC	Civil Engineer State of California	100.00	10	0.00	P 06	100.00
10/23/2005	Mary D. Young	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	100.00	10	0.00	P 06	100.00
			SUBTOTAL \$	2,044.00				

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SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from07/01/2	005	F	ORM	400
NAME OF FILER				through _12/31/2	005	Page.	41_ of	63
Moorlach for	Supervisor					I.D. NU 1273	MBER 1056	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	TO	ECTION DATE QUIRED)
10/23/2005	Bette J. Zabish	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired None	100.00	10	00.00	P 06	100.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						-
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	100.00				

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PTY - Political Party

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Moorlach for Supervisor

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period from $\frac{07/01/2005}{12/31/2005}$ CALIFORNIA $\frac{460}{12}$ through $\frac{12/31/2005}{1273056}$ Page $\frac{42}{1273056}$ of $\frac{63}{1273056}$

CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION DATE **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER ZIP CODE OF CONTRIBUTOR FAIR MARKET CODE * TO DATE RECEIVED GOODS OR SERVICES CALENDAR YEAR (IF SELF-EMPLOYED, ENTER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) 12/07/2005 Cummins & White Event Catering 544.14 544.14 P 06 544.14 Costs COM XOTH □PTY SCC 09/25/2005 Kent S. Moore XIND Instructor Event Costs 965.04 1,215.04 P 06 1,215.04 ☐COM Santa Ana College ПОТН □PTY □SCC **□IND** ПСОМ ☐OTH PTY SCC □СОМ □OTH PTY □SCC Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$

Schedule C Summary

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	1,509.18
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule D **Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through12/31/2005	Page43 of63
	I.D. NUMBER
	3003050

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Moorlach for Supervisor 1273056 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR **CUMULATIVE TO DATE** DATE PER ELECTION TYPE OF PAYMENT DESCRIPTION MEASURE NUMBER OR LETTER AND JURISDICTION, AMOUNT THIS CALENDAR YEAR (IF REQUIRED) TO DATE PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) 10/18/2005 Orange County Republican Party 10,000.00 10,000.00 X Monetary Contribution Nonmonetary .Contribution Independent X Support Oppose Expenditure Contribution Nonmonetary Contribution I Independent ☐ Support Expenditure Oppose Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support Oppose Expenditure SUBTOTAL \$ 10,000.00 Schedule D Summary 2. Unitemized contributions and independent expenditures made this period of under \$100\$

Schedule E
Payments Made

Type or print in ink. Amounts may be rounded

Ctata	SCHEDULE E
Statement covers period	CALIFORNIA 460
from07/01/2005	FORM TOU
through	Page44 of63
	I.D. NUMBER
	1

to whole dollars.		from07/01/2005	FORM 46U	
SEE INSTRUCTIONS ON REVERSE			through12/31/2005	Page44 of63
NAME OF FILER		•		
Moorlach for Supervisor				I.D. NUMBER 1273056
CODES: If one of the following codes accurately describe	s the payment, ye	ou may enter the code. O	therwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR membercon	nmunications	RAD radio airtime and production	costs
CTB contribution (explain nonmonetary)*	MTG meetings ar OFC office exper	nd appearances	RFD returned contributions	
CVC civic donations	PET petition circu		SAL campaign workers' salaries TEL t.v. or cable airtime and proc	tuation posts
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank		TRC candidate travel, lodging, and	d meals
independent expenditure supporting/opposing others (explain)*	POL polling and POS postage: de	survey research	TRS staff/spouse travel, lodging.	and meals
LEG legal defense	PRO professional	livery and messenger services services (legal, accounting)	TSF transfer between committee	s of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	scrvices (legal, accounting)	VOT voter registration WEB information technology costs	s (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Antonello Ristorante		FND		
				1,561.84
	•			
Balboa Bay Republican Women Federated		MTG		250.00
				250.00
Betty Presley & Associates, Inc.				
, and the same of		PRO		750.00
* Payments that are contributions or independent expenditures	must also be summ	arized on Schedule D.	SU	BTOTAL\$ 2,561.84
Schedule E Summary				
1. Itemized payments made this period. (Include all Schedule	E subtotals.)			\$64,691.19
2. Unitemized payments made this period of under \$100	•••••			\$ 245.77
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column (e).)		¢ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on th	he Summary Page, Column	n A line 6)	TAL # 64.036.06
		ago, Colum	17.5, Ease 0.7 10	TAL \$64,936.96

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Staten	07/01/2005	CALIFO FOR	FORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Moorlach for Supervisor				through_	12/31/2005	Page		
CODES: If one of the following codes accurately des campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain) legal defense campaign literature and mailings	MBR member commeetings an OFC office exper PET petition circu PHO polling and sex POS postage, del	munications d appearance ses lating survey researe ivery and me	s	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staf TSF tran VOT vote	scribe the paymer or airtime and production or airtime and productions or cable airtime and producted airtime and producted airtime and producted airtime and producted airtime are registration or registration or airtime control or airtime or registration or airtime or registration or airtime or registration or airtime or	on costs roduction costs and meals g, and meals ees of the sam	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DE	SCRIPTION OF	PAYMENT		AMOUNT PAID	
Betty Presley & Associates, Inc.		PRO					750.00	
Betty Presley & Associates, Inc.		PRO					750.00	
Betty Presley & Associates, Inc.		PRO					750.00	
Betty Presley & Associates, Inc.		PRO	,				750.00	
Betty Presley & Associates, Inc.		PRO					750.00	
Payments that are contributions or independent expenditures mu	st also be summarized on	Schedule D.			S	UBTOTAL \$	3,750.00	
						-	3,750.00	

Schedule E (Continuation Sheet)

Type or print in ink.
Amounts may be rounded

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Moorlach for Supervisor	Amounts may be rounded to whole dollars.				07/01/2005 h 12/31/2005	Page	46 of 63 BER
CODES: If one of the following codes accurately descreptions campaign paraphernalia/misc. CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance uses lating s urvey researd uvery and mes	S	RAD II RED II SAL II TEL II TRC II TRS II TSF II VOT II	describe the payres adio airtime and procedured contributions campaign workers' is a campaign workers' is a candidate travel, lodgistaff/spouse travel, lo ransfer between compoter registration information technologism.	duction costs s alaries nd production costs ing, and meals dging, and meals nmittees of the sar	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)		CODE C	DR D	ESCRIPTION	OF PAYMENT		AMOUNT PAID
Boys and Girls Club of Huntington Valley Complete Campaigns.com, Inc.		cvc					300.00
		OFC					393.75
Complete Campaigns.com, Inc.	-	OFC					105.00
JohnsonClark Associates, Inc.	·	OFC					25.29
JohnsonClark Associates, Inc.		OFĊ					75.47
Payments that are contributions or independent expenditures must	also be summarized on S	Schedule D.				SUBTOTAL \$	899.51

Type or print in ink.

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Statement covers period from07/01/2005	CALIFORNIA 46	60	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Moorlach for Supervisor				through12/31/2005	Page 47 of 6: I.D. NUMBER - 1273056	3
CODES: If one of the following codes accurately de CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s n)* POS postage, deli	munications d appearances ises lating	enger services	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production in the candidate travel, lodging, a staff/spouse travel, lodging.	on costs es roduction costs and meals g, and meals ees of the same candidate/sp	oonsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT	AMOUNT PAI	ID
JohnsonClark Associates, Inc.		OFC	·		129	9.00
JohnsonClark Associates, Inc.		CNS			1,400	0.00
JohnsonClark Associates, Inc.		CNS			1,400).00
JohnsonClark Associates, Inc.		CNS			1,400).00
JohnsonClark Associates, Inc.	·	CNS			3,000).00
* Payments that are contributions or independent expenditures m	nust also be summarized on s	Schedule D.		S	UBTOTAL \$ 7.330	

Type or print in ink.

\sim	100		- /	CONT	
` . r	7-11	I II 🗠	- '	1 1 INI 1	١.

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 07/01/2005	CALIFO FOR	RNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Moorlach for Supervisor				through12/31/2005	Page	48 of 63 ER
_					127305	6
CODES: If one of the following codes accurately descended compaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain) legal defense campaign literature and mailings	MER member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear	es	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and procured to candidate travet, lodging, ar TRS staff/spouse travet, lodging, ar TSF transfer between committee voter registration WEB information technology cost	duction costs duction costs d meals and meals ss of the sam	ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
JohnsonClark Associates, Inc.		LIT	Slate Card			1,176.00
JohnsonClark Associates, Inc		LIT	Slate Card			1,176.00
JohnsonClark Associates, Inc.		LIT	Slate Card			6,000.00
JohnsonClark Associates, Inc.		CNS				3,000.00
Los Angeles Times		OFC				102.75
Payments that are contributions or independent expenditures mu-	st also be summarized on	Schedula D				
		chedule D.		su	BTOTAL \$	11,454.75

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULI	E E	(CONT.)
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Statement covers period

Payments Made	Amounts may be rounded to whole dollars.			from	07/01/2005	CALIFO FOR	DRNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh12/31/2005	Page	49 of 63
Moorlach for Supervisor						I.D. NUME	
						127305	56
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member com MTG meetings an meetings an office expen PET petition circu phone banks POL polling and s POS postage, deli	munications d appearant ses lating curvey resea	ces	therwise RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration	on costs s oduction costs and meals and meals as of the sar	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR (DESCRIPTIO	ON OF PAYMENT		AMOUNT PAID
Momentum Strategies, Inc.		OFC					225.00
Orange County Benefit and D. (1997)		FND					255.00
Orange County Republican Party (#742088)		CTB					10,000.00
PcCharge		OFC					1,374.23
Phyllis Schneider & Associates		FND					137.90
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.			CI	JBTOTAL \$	
					St	PRIOIAL \$	11,992.13

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may b to whole do	e rounded		from	07/01/2005	CALIFO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	gh12/31/2005	Page	50 of 63
Moorlach for Supervisor						I.D. NUMB	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MIGN member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ises lating survey resea ivery and m	ces	RAD RFD SAL TEL TRC TRS TSF VOT	describe the pay radio airtime and pro- returned contribution campaign workers's t.v. or cable airtime a candidate travel, lod staff/spouse travel, lot transfer between cor voter registration information technology	duction costs as salaries and production costs ging, and meals odging, and meals mmittees of the san	s ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID
Phyllis Schneider & Associates Phyllis Schneider & Associates		CNS	•				2,538.11
Phyllis Schneider & Associates		CNS					8,163.80
		CNS					1,375.65
Phyllis Schneider & Associates		FND					132.23
Phyllis Schneider & Associates		CNŚ					3,150.00
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.	<u> </u>			SUBTOTAL \$	
						SOBIOIAL \$	15,359.79

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded

SCHEDULE E (CONT.)

Statement covers period

Payments Made	to whole de	ollars.		from_	07/01/2005	FOR	^{2KNIA} 460
SEE INSTRUCTIONS ON REVERSE				throug	h 12/31/2005	Page	51 of 63
NAME OF FILER Moorlach for Supervisor				<u>-</u>		I.D. NUME	
						12730	56
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance nses slating s survey resea ivery and m	ces	RAD II RFD II SAL 0 TEL 1 TRC 0 TRS 9 TSF 1	radio airtime and pro returned contribution campaign workers' s v. or cable airtime a candidate travel, lodo staff/spouse travel, k	duction costs as salaries and production cost ging, and meals odging, and meals amittees of the sar	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Phyllis Schneider & Associates Phyllis Schneider & Associates		FND					1,016.22
		CNS					2,100.00
Phyllis Schneider & Associates		FND					335.68
Phyllis Schneider & Associates		CNS					2,100.00
Phyllis Schneider & Associates		FND					386.16
Payments that are contributions or independent expenditures must als	o be summarized on S	Schedule D.				SUBTOTAL \$	F 020 01
						222.01VF 3	5,938.06

(Continuation Sheet)	Type or prin Amounts may b	t in ink.		Sta	tement covers period			E E (CONT
Payments Made	to whole do		•	from_	07/01/2005	CALIFO FOR		460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Moorlach for Supervisor				throug	12/21/225	Page	52 of	63
						127306		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ises lating survey researd ivery and med	S	RAD r. RFD r. SAL c TEL t. TRC c TRS s TSF tr	describe the payment adio airtime and production the turned contributions campaign workers' salarie v. or cable airtime and production and the travel, lodging, a staff/spouse travel, lodging cansfer between committee oter registration information technology cost	on costs s coduction costs and meals g, and meals es of the san	ne candida	ate/sponsoi
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR	DESCRIPTION	OF PAYMENT		AMOUN	IT PAID
Linda Sherman		MTG						88.00
Linda Sherman		MTG						30.00
Mimi Taylor The Pacific Club		FND						692.08
		FND						771.60
Thomas Printers		FNĎ						167.01
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.			CI	JBTOTAL \$		
					31	DIUIAL S	٦	748 60

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made	Amounts may b to whole do	e rounded		S from	07/01/2	CALIFO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	ugh12/31/2	Page	
Moorlach for Supervisor						12730	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MER member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating survey resea ivery and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and returned contrib campaign worke t.v. or cable airti candidate travel staff/spouse travel transfer between voter registration	payment. d production costs utions ers' salaries me and production cost, lodging, and meals red, lodging, and meals recommittees of the sa	is me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OŖ	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Verizon Wireless		OFC					85.86
Verizon Wireless		OFC					71.40
Verizon Wireless		OFC					149.41
Verizon Wireless							
		OFC					89.66
Verizon Wireless		OFC				,	66.63
Payments that are contributions or independent expenditures must als	o be summarized on S	Schedule D				CUSTOTAL	
						SUBTOTAL S	462 96

SCHEDULE E	(CONT.)
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(Continuation Sheet) Payments Made	Amounts may b	e rounded		S	tatement covers pe	CALIF	
i dyments made				from	07/01/20	05 FO	RM TUU
SEE INSTRUCTIONS ON REVERSE				thur.	nh 12/31/20	0.5	
NAME OF FILER			·	throu	gn	Page	54 of 63
Moorlach for Supervisor						I.D. NUMI	BER
-						12730	56
CODES: If one of the following codes accurately descended comparing paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/papering others (audicinations)	MISK member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s	imunications d appearance ises lating survey resear	ch	RAD RFD SAL TEL TRC	radio airtime and returned contribut campaign workers t.v. or cable airtim candidate travel, le	production costs ions s' salaries e and production cost odding, and meals	s
ND independent expenditure supporting/opposing others (explain EG legal defense LT campaign literature and mailings)* POS postage, del	ivery and me	ssenger services al, accounting)	VOT	transfer between voter registration	I, lodging, and meals committees of the sai	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE (OR .		OF PAYMENT		AMOUNT PAID
Verizon Wireless							
		OFC .	ĺ				68.24
		. ,					
Wells Fargo Card Services	•						
		OFC					
		Orc					461.26
			ļ				v.
Wells Fargo Card Services							
		OFC	I				
							384.39
Wells Fargo Card Services							
		MTG					25.03
Wells Fargo Card Services							
		OFĊ					100.00
						-	406.66
Payments that are contributions or independent expenditures mu	st also be summarized on S	ichedule D					
		C.ICGUIE D.				SUBTOTAL \$	1,345.58

Type or print in ink.

SCHEDULE E (CONT.)

And distant filing/ballot fees Condictate filing/ballot fees Condictate filing/ballot fees Condictate range events Condictate range condictate range delivery and measurement expenditure and mailings Condictate range events Condictate range events Condictate range events Condictate range events Condictate range condictate range events Condi	(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		Sta	Statement covers period from07/01/2005		FORM 460	
Montrach for Supervisor CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. OP campaign parapheralalization. OP campaign parapheralalization. OR campaign consultants OR contribution (explain nommonetary) OR polings and appearances PRO professional distribution and survey research PRO professional services OR OR DESCRIPTION OF PAYMENT AMOUNT PAID Payments that are contributions or independent expenditures must also be summarized on Schedule D. Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SEE INSTRUCTIONS ON REVERSE				throug	h12/31/2005	Page	55 of 63
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. ONE campaign paraphernalis/misc. ONS campaign consultants ONS campaig	NAME OF FILER			· · · · · · · · · · · · · · · · · · ·		 		
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MR member communications RAD additional and production codes of the expenses of the expension of t	Moorlach for Supervisor						1	
As ampaign consultants Characteristic and production costs referred and production costs (explain) carplain normanetary)* Characteristic standards (explain) carplain normanetary)* (Characteristic standards (explain) carplain normanetary (explain) carplain normane	CODEC: If and City of the City							66
Wells Fargo Card Services Wells Fargo Card Services Wells Fargo Card Services OFC OFC OFC OFC OFC OFC OFC OF	CNS campaign paraphermaliarmisc. CNS campaign consultants contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member commettings are office experimental policy policy and POS postage, de PRO professional	nmunications of appearance uses ulating s s survey resea	es rch essenger services	RAD r RFD r SAL c TEL t TRC c TRS s TSF t	radio airtime and producturned contributions campaign workers' sales. V. or cable airtime and candidate travel, lodging taff/spouse travel, lodging ransfer between composer registration.	uction costs laries d production costs g, and meals ging, and meals nittees of the san	ne candidate/sponso
Wells Fargo Card Services OFC 1,065.87 Wells Fargo Card Services OFC 645.16	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
Wells Fargo Card Services OPC 645.16 Payments that are contributions or independent expenditures must also be summarized on Schedule D.			OFC					1,065.87
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Wells Fargo Card Sorvings		OFC					137.85
*Payments that are contributions or independent expenditures must also be summarized on Schedule D. *SUBTOTAL \$ 1.848.88			OFC					645.16
Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1 848 88								
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1.848.88								
	* Payments that are contributions or independent expenditures must	also be summarized on	Schedule D.				SUBTOTAL \$	1,848.88

Schedule	F		
Accrued	Expenses ((Unpaid	Bills)

Type or print in ink.

Stat	ement covers period	CALIFORNIA 460
from	07/01/2005	FORM 400
through	12/31/2005	Page 56 of 63

Accrued Expenses (Unpaid Bills)	crued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.		Statement cove		FORM 460	
SEE INSTRUCTIONS ON REVERSE			through 12/31	/2005	56	
NAME OF FILER		•		Page	56_ of63	
Moorlach for Supervisor				I.D. NU 1273		
CODES: If one of the following codes accurately described comparation paraphernalia/misc	oes the payment you may	v enter the code. Of	homis d			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication office expenses office expenses petition circulating phone banks polling and survey response postage, delivery and professional services print ads	ns inces search messenger services (legal, accounting)	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratic	nd production costs butions ters' salaries time and production cos I, lodging, and meals lyel, lodging, and meals continued the salaries	me candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Phyllis Schneider & Associates	CNS	2,538.11	0.00	2,538.11	0.00	
				, , , , , ,	3.00	
Phyllis Schneider & Associates	FND	137.90	0.00	137.90	0.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	2,676.01 \$	0.00\$	2,676.01		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized.)	Schedule F, Column (b) sul			2,070.01		
accrued expenses of \$100 or more, plus total unitemized. 2. Total accrued expenses paid this period. (Include all Scheaccrued expenses of \$100 or more, plus total unitemized). 3. Net change this period. (Subtract Line 2.6).	adulo E Column (a) autili					
on the Summary Page, Column A, Line 9.)		••••••		N ET \$	-2,676.01 ay be a negative number	

Type or print in ink.

Amounts may be rounded to whole dollars.

0.	SCHEDULE G
Statement covers period	CALIFORNIA ACO
rom07/01/2005	FORM 460

, , , , , , , , , , , , , , , , , , ,	from FORM CO
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	through 12/31/2005 Page 57 of 63
Moorlach for Supervisor	I.D. NUMBER 1273056
NAME OF AGENT OR INDEPENDENT CONTRACTOR JohnsonClark Associates, Inc.	127333
CODES: If one of the following codes accurately describes the payment you	

itely describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. member communications RAD radio airtime and production costs campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings

* PRT print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNTE
California Club for Growth Newsletter (#1279517)	LIT	Slate Card	AMOUNT PAID
			1,000.0
itizens for Representative Government (#595003)	LIT	3	
	шт 2	late Card	1,000.0
fficial Non-Partisan Voter Guide (#1277947)			
Total son rule san voter duide (#12//947)	LIT S	late Card	5,100.0
			3,133.0

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

7,100.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULE G
State	07/01/2005	CALIFORNIA 460

I.D. NUMBER

through <u>12/31/20</u>05

Moorlach for Supervisor	•	I.D. NUMBER 1273056
NAME OF AGENT OR INDEPENDENT CONTRACTOR Phyllis Schneider & Associates CODES: If one of the following codes accounts to the f		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	Otherwise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYME	NT AMOUNT TO U
lly Paper	FND	AMOUNT PAID
	FND	197.14
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omas Printers		İ
omas Frincers	FND	
		104.52
Postmaster		•
	FND	628.26
	·	020.20
Postmaster	700	
	POS	191.60
		151.00
ch additional information on appropriately labeled continuation sheet		

TOTAL* \$

1,121.52

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G

I.D. NUMBER 1273056

Staten	nent covers period	CALIFORNIA	40
from	07/01/2005	FORM	46
4hanna k	12/21/2005		

SEE INSTRUCTIONS	ON REVERSE
NAME OF FILER	

Moorlach for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Phyllis Schneider & Associates

CODES:	If one of the following codes accurately	describes the payment, you may enter the		
CMP comp	pion nevertine to the total accurately	describes the payment, you may enter the	ecode. Otherwise,	describe the payment

campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CTB CVC civic donations FIL

candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* ND LEG legal defense

LIT campaign literature and mailings MBR member communications

MTG meetings and appearances office expenses petition circulating PHO

phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

returned contributions campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail).

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAY	MENT	
S Postmaster	POS		WEIT	AMOUNT PAID
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	}			
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nch additional information on appropriately labeled continuation sheets				

lation on appropriately labeled continuation sheets.

TOTAL* \$

187.37

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA	460
from	07/01/2005	CALIFORNIA FORM	400

Page.

through.

12/31/2005

SCHEDULE G

Moorlach for Supervisor NAME OF AGENT OR INDEPENDENT CONTRACTOR		I.D. NUMBER 1273056
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals
LEG legal defense LIT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads	TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT
The Pacific Club	FND				AMOUNT PAID
	1110				692.0
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	İ			ľ	
	1	}			
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	<u> </u>	 			
				1	
ach additional information on appropriately labeled continuation sheets.					
appropriately labeled continuation sheets.				TOTAL* \$	692.0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

DIAL* \$ 692.08

CVC civic donations

candidate filing/ballot fees

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period **CALIFORNIA** 07/01/2005

TEL t.v. or cable airtime and production costs

•	,		1011111
SEE INSTRUCTIONS ON REVERSE		through 12/31/2005	Page 61 of 63
NAME OFFILER Moorlach for Supervisor			I.D. NUMBER 1273056
NAME OF AGENT OR INDEPENDENT CONTRACTOR Wells Fargo Card Services			
CODES: If one of the following codes accurate CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	ly describes the payment, you may enter the c MBR member communications MTG meetings and appearances OFC office expenses	rode. Otherwise, describe the paymen RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	costs

candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* 1ND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings

PRT print ads WEB information technology costs (internet, e-mail)

petition circulating

phone banks

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

OFC OFC	DESCRIPTION OF PAYMENT	251.61 209.00
;		
OFC		209.00
		209.00
	!	
		1
OFC		
		107.73
j		1
		1
CTB		
		100.00
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]
	OFC	СТВ

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL* \$

668.34

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from 07/01/2005	CALIFORNIA 460
	i

I.D. NUMBER

12/31/2005

Moorlach for Supervisor		I.D. NUMBER 1273056
NAME OF AGENT OR INDEPENDENT CONTRACTOR Wells Fargo Card Services		
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* legal defense	the payment, you may enter the code. (MBR member communications MTG office expenses PET petition circulating PHO phone banks POL polling and survey research POS professional services (legal, accounting) PRT print ads	Otherwise, describe the payment. RAD radio airtime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

(IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AAAOU INIT DUIS
's Electronics	OFC		AMOUNT PAID
	Or.c		129.2
Time Wine Cellars	FND		
			125.1
Angeles Times	OFC		
			120.0
·			
·			
World German Restaurant	FND		
			687.0
——————————————————————————————————————			
			İ
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Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,061.41

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
rom07/01/2005	FORM 40U

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2005	FORM 46U
SEE INSTRUCTIONS ON REVERSE		through12/31/2005	Page 63 of 63
NAME OF FILER			
Moorlach for Supervisor			I.D. NUMBER
			1273056
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Wells Fargo Card Services	•		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* office expenses campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees FIL phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS ₽D independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT DATE
Pat & Oscar's	MTG	T		AMOUNT PAID
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	1			
	•	1.		
	1	1.		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

122.21

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.